

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 2 - 0 1 4</u>	2. STATE: <u>Missouri</u>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>7-1-02</u>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <u>Section 1902 of the Social Security Act</u>	7. FEDERAL BUDGET IMPACT: a. FFY <u>02</u> \$ <u>790,733.75</u> b. FFY <u>03</u> \$ <u>3,162,935.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 2.2-A Page 23d</u> <u>Attachment 2.6-A Pages 12c through 12o</u> <u>Supplement 4 to Attachment 2.6A Page 2</u> <u>Supplement 5 to Attachment 2.6A Page 2</u> <u>Supplement 8a to Attachment 2.6A Page 3</u> <u>Supplement 8b to Attachment 2.6-A Page 3</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>NA</u> <u>Missouri (02-014)</u> <u>approved: 08/05/02</u> <u>effective: 07/01/02</u>

10. SUBJECT OF AMENDMENT:

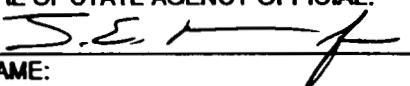
Eligibility under Section 1902(a)(10)(A)(ii)(XV) and (XVI) of the Social Security Act, TWIIA Basic Coverage Group and TWIIA Medically Improved Group


11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *lee* ☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <u>Denise Cross, Director</u> <u>Division of Family Services</u> <u>P.O. Box 88</u> <u>Jefferson City, MO 65103</u>
13. TYPED NAME: <u>Dana Katherine Martin</u>	
14. TITLE: <u>Director, Department of Social Services</u>	
15. DATE SUBMITTED: <u>06/19/02</u>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <u>06/24/02</u>	18. DATE APPROVED: <u>AUG 01 2002</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>07/01/02</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <u>Thomas W. Lenz</u>	22. TITLE: <u>ARA for Medicaid & State Operations</u>

23. REMARKS:

Martin
Yadner
Waite
CO
056/014

SPA CONTROL
Date Submitted: 06/19/02
Date Received: 06/24/02

State/Territory: **Missouri**

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | | |
|---|-------------------------------------|-----|---|
| 1902(a)(10)(A)
(ii)(XIII) of the Act | <input type="checkbox"/> | 23. | BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A |
| 1902(a)(10)(A)
(ii)(XV) of the Act | <input checked="" type="checkbox"/> | 24. | TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A. |
| 1902(a)(10)(A)
(ii)(XVI) of the Act | <input checked="" type="checkbox"/> | 25. | TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A. |

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

TN No. MS-02-14

Supersedes _____ Approval Date AUG 08 2002 Effective Date July 1, 2002

TN No. NA

HCFA ID:

State/Territory: **Missouri**

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act	<p>(i) <u>Working Individuals with Disabilities - BBA</u></p> <p>In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied:</p> <p>_____ The methodologies of the SSI program.</p> <p>_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A.</p> <p>_____ The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p>

TN No. MS-02-14

Supersedes

TN No. NA

Approval Date AUG 08 2002 Effective Date July 1, 2002

HCFA ID:

State/Territory: **Missouri**

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	<p>(ii) <u>Working Individuals with Disabilities - Basic Coverage Group - TWWIA</u></p> <p>In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p><input type="checkbox"/> The agency does not apply any income or resource standard.</p> <p>NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p><input checked="" type="checkbox"/> The agency applies the following income and/or resource standard(s):</p> <ol style="list-style-type: none">1. The income limit is 250% of the Federal Poverty Level for one person. The annual increase in the federal poverty level is effective April 1 of each year.2. The resource limit is \$999.99.

TN No. MS-02-14

Supersedes

Approval Date AUG 08 2002Effective Date July 1, 2002TN No. NA

HCFA ID: